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EDITORIAL COMMENT

The contribution of the school social worker in helping children to make constructive use of education is nowhere more meaningful to the school than in the work with children who are truant. Dr. Milner demonstrates clearly that attendance service, which has its focus on the protection of the child, requires a great deal of knowledge and skill. His analysis of the complex causative factors underlying truancy point up some important considerations that will be helpful in understanding children who have difficulty with school.

From the perspective gained through years of experience in the mental health and educational fields, Mrs. Lois Meredith French raises pertinent questions about the application of inadequately understood mental health concepts and their effect upon child development. It is timely to re-examine some of these currently accepted attitudes concerning mental health which have bearing upon the wholesome development of personality. Mrs. French is one of the first school social workers in the country in the demonstration programs established under the Commonwealth Fund.

The article, *School Phobias*, is a definite contribution to the literature. There is no problem more baffling than that of the child whose anxieties have caused him to withdraw from school. Not only is this article of value to school social workers, but also to other school personnel to whom the school social worker interprets the school phobic child. Miss Vaughan's analysis of one Clinic's cases may prompt other clinics to similar study.

* * * *

Dr. Lippman's second article, that related to parents the school social worker meets, will be published in the June *Bulletin*.

UNDERSTANDING THE PRESSURES OF COMPULSORY SCHOOL ATTENDANCE¹

JOHN G. MILNER, Associate Professor, School of Social Work
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In a recent edition of a Los Angeles paper, appeared an advertisement for a mortuary. The heading, printed in bold type, posed the question "CASKET OR COLLEGE?" This was followed by the statement that "Emotional overspending by a bereaved family has many times robbed the youngster of that family of a much needed education." Here was a commercial exploitation that played on the American ideal that our children must be educated above anything else including even the sacrifice of the American standard for a fine funeral. This pointed up in a morbid way, the extreme importance we place on formal education.

So strong has become our belief in school training, that we not only offer the opportunity for education as the right of every child, but as his obligation as well. We have gone so far as to legally insist that children attend school for a long enough period to complete what we have set down as being the primary and secondary steps in learning. This insistence has made school attendance a moral necessity. In our society, neither child nor parent can expect to achieve social rectitude unless the child is made to conform to our requirement. So commonplace has become our acceptance of the practice of compulsory education that we fail to realize that this is a strange and unusual practice in relation to social custom in other parts of the world.

"I got-ta go to school" is the verbal expression of most American children, who very early in their lives are made to face the reality of this social demand. They grow up in the United States knowing that they *must* leave home and that they *must* go to school.

This element of *must* has a different degree of meaning for each individual child and a different *kind* of meaning for some. It can serve as a welcome control to be met in order to insure the continued love and approval of meaningful adults in the child's life. It can be a threat to

¹Presented at a meeting of the organization, *Supervisors of Child Welfare and Attendance*, State of California, meeting concurrently with *State Supervisors Conference*, supervisors of instruction.

destroy family relationships that might already be insecure. It might serve as an obstacle to the child's desire for independence and in this way be used as something to protest against and on which to vent full aggression.

For parents, this element of *must* tells them that they are *forced* to share the raising of their child with other adults, who will possess differences from them. They may see this as a welcome opportunity to permit their child an experience of difference, or it can be a threat by way of exposing their inadequacies as parents, or by interfering with their own desired plans and hopes for that child. Parents know that their participation in the enforcement of school attendance will determine, in a large part, society's judgment of them as being worthy or bad parents.

Parental attitudes and feelings about school attendance, be these disguised or not, will influence the attitudes and feelings of the young child in a way that may well carry through the whole school experience. Wanting or not wanting their child to attend school is the parents' way of keeping control over a situation that is removed from home. The young child, especially cannot afford to undergo something personally that he feels his parents don't want for him. This can be a factor in his needing to make even *socially required* experience fail. To him, the only meaningful law of conduct is that which he attributes to the omnipotence of his parent persons.

These considerations point up the fact that any effective solution to the problems of school attendance will need to consider both the parents' and child's attitudes about compulsory school attendance, as this attitude is influenced through the inter-relationship of child with parent, thus seeking out what each contributes to the complex phenomenon of truancy, or other expressed resistance through their conscious and unconscious thoughts, feelings, and actions.

The personal meaning that the *Must* factor in school attendance has for each school guidance person or attendance officer will affect the ways in which that individual carries out his job. It is this one factor that puts this worker in the role of an authoritative person. His own early feelings about his attending school can be reactivated in his job. Such feelings can cause him to handle the child's situation in such a way that meets his own need rather than the needs of that particular child. Self-understanding is essential to doing work with children who protest against school. The social importance that we now place on school can become exaggerated in the minds of children and adults alike. As one

little nine-year-old recently said to me, "You know what? I believe that grown-ups think that school is more important than me."

The need to be like others is basic to human beings, we learn to become this by imitation and by identification, which processes cause the growing child to adopt the values of his society, at a very early age. This makes him acceptable to the group. He knows that this acceptance is dependent on his not having too great a variance from others. Homogeneity and likeness are highly important to children. Because most children do go to school, we can assume that the child who fails to go is experiencing some inner conflict because of his difference. He must, therefore, have good reason behind his willingness to pay such a high price for his non-conformity to social custom. From a mental health standpoint, no child can afford to be so different as to set himself off from others. It is in regard to this fact that we should seek to help the child, rather than merely to enforce an arbitrary law relating to school attendance. Our honest concern for the child rather than the rule is the only basis on which we can function in a therapeutic way. Such concern rightly gives us the responsibility for understanding and treating rather than policing and punishing.

The causes that rest behind the behavior symptom of truancy are many and involved. These causations are responsible both directly and indirectly for a child's unwillingness and inability to comply with the laws for compulsory education. Basic and general among these is anxiety. This seems to pervade in both acute and chronic truancy cases, and the avoidance of school is the child's own way of trying to handle this for himself. Through school absence, he makes an effort to escape what he believes to be the source, for it is within the school setting that his worries, fears, his self-consciousness and his feelings of inadequacy, all come to the fore. This is true, whether these are caused by school itself or are only reflected in the school situation. He only knows that he feels distressed and troubled while he is there. Anxiety symptoms might be physically expressed. They may make appearance as disorders in learning or in classroom behavior. Finally they can be shown by avoidance of the total situation. Both social and intra-psychic forces play in anxiety causation.

In reality a child's trouble may rest in his situation at home and become evident in school. He may have been able to handle the emotional tensions to which he has been subjected at home. He carries these tensions with him to school, where he meets new and additional stresses.

He meets competitive relationship with large numbers of persons and has too low a reserve of emotional strength to meet the school's intellectual and social demands. Psychic energies become exhausted when one is ridden with conflict and tension and little remains of oneself to give either to social relations or to learning. Such a child often needs release for his tension through aggressive action or through some personally selected creative efforts. In all probability the school is too restricting and too demanding to afford him this opportunity. This causes the child to be bound up emotionally, with little choice but to escape. This need to release aggression might explain, in part, the large number of children who participate in other delinquencies while they are defying the compulsory factor in education.

Children tend to think of home and family while they are in school. If their thoughts of home can be pleasant ones, then they are free to be comfortable while they are away. If their thoughts of home are disturbing, then these take precedence in their feeling and prevent other experience from being meaningful. The child carries with him a memory of his part in the family situation. Much of his sense of his own importance is tied up with this. Away from home, he realizes that he is unable to play his part and he suffers from this inability. As example: the child who has been bad at home can worry over what he has been and so long as he is away he has little opportunity or ability to make his situation right with family. This might well cause him to indulge in phantasy and speculation about the serious consequences his behavior might have caused. It is not uncommon for small children who were "bad" to fear that their mother may go away and never come back. Remaining in school prevents their making it right with the mother and having to stay in school makes the child feel trapped.

In families where there is marital discord, the child feels a responsibility in the trouble. He may believe that his presence will serve as a protection for the mother and his absence will permit the father to make physical assault on the mother. Should he feel hostility toward one or the other parent and this gets repressed, then he might fear the destruction of that parent and believe that only his presence can save the situation.

Children who are raised alone are often the object of possessiveness by one or both parents and can sense their importance to the happiness of those parents. They thus feel guilt when they are away, believing that they are responsible for the loneliness of the parents. This guilt can be reinforced by their own need to be the only one on whom attention and love is focused. They then suffer when they need to share in the

classroom with numerous others for the affection and interest of the teacher, who serves as a parent symbol. Their inability to gain full attention will make them sense failure.

Children who essentially feel unloved and have siblings who remain at home, while they themselves need to attend school, can constantly be anxious that these brothers or sisters will win the whole affection of the parents. This fear of displacement is a common one. The rivalry present in such a sibling relationship can also cause the child to hate the brother or sister at home. Because of the intensity of this hate, it can get expressed in an inverted form. Instead of recognizing hate, the child will feel fear that the siblings will disappear, be injured or even destroyed.

Such fears become apparent as they get expressed in clinical treatment and explain somewhat the anxieties associated with home, that get carried into school, where the child is forced to remain for a good portion of his waking life. This child's dislike is not so much for school itself, except for the fact that this is the obstacle that stands in the way of more important things.

Probably the most unusual cause for anxiety is the child's fear that he will fail in school. This may be failure in his subjects, failure in his social relationships, failure to meet the sometimes exaggerated ambitions of his parents for him or a combination of these. This is a thread of difficulty for all ages of school children and especially one for adolescents. Parents, relatives, friends, teachers and the community at large *expect* the child to make good according to what are accepted standards for education. Failure will mean that he is inadequate and different from other children and therefore doesn't deserve the love of anyone. Failure in school is *possible* and *real* and faces every child.

The child who has experienced failure outside of school, brings with him a realistic doubt of his ability to get along. If he has failed to win the love and affection of his parents, has failed to get along with his siblings or others, then his fears of failure in school get implemented by past experience. For many reasons he would like to avoid another situation in which failure is possible, yet he is forced to meet this head on. He gets placed in an artificial heterogeneous group and in a setting of physical confinement and restriction, which further increases his tension. Children do not regard escape from a situation as being a failure, therefore, escape is often their way of mastering their own situation at least for the moment.

With an escape such as truancy, certain secondary gains can be made. The child can remain with the family members whom he wants to love. He might find companionship with others who are also truant, find a common bond of action, a means of establishing and holding a tenuous but needed friendship. The child may even gain satisfaction in using his voluntary school absence to defy a hated mother or father, in this way making certain ego gains by such dominance and defiance. This experience can help the child to feel that he counts and is important. As one fourteen-year-old boy said, "I can scare the hell out of my old man when I ditch school, it's the only time he starts being nice to me, begging me to go back before I get him into trouble." These secondary gains are usually more obvious than are the deeper psychic causes. For this reason much work around attendance has been done pretty much on this level of understanding.

The school itself can be anxiety provoking. The pressures of discipline and of work can be too great for certain children. This adds to tension rather than mitigating it. The child's difficulties increase and he needs to react either by withdrawal, expressing his feelings against himself or by acting them out against what he sees to be the external cause of his trouble. Usually the teacher is the first focus of attack. Feelings against teachers can develop suddenly and reach extreme intensity. These may lead to a dread of all teachers and of school in general. The child's idea for a solution is not to escape a certain teacher but rather to escape school.

Certain children react negatively to the content of the subject matter taught in school. Such reaction is due largely to the difference they sense in what they are being taught in school and that which they have learned at home and have accepted as being their own knowledge and beliefs. This anxiety over difference can be illustrated by the degree of feeling children express when they have been raised with one particular religion and try to discuss this with a child of another. Much of what is said or taught in school, particularly in grade school, where the so-called "ideal" is taught in a dogmatic way, can cause the child who is essentially a realist to be made anxious. As example: One seven-year-old girl became afraid to go to school. In the play interviews held with her in a guidance clinic, it was determined that her teacher had precipitated this fear by reading the basic readers having to do with a certain "Jane and Dick," and their life with their family and neighborhood. These readers dramatize the ideal family, where father and mother are always reasonable and kind. Jane and Dick are pictured as being normal children and always

seem to say and do the correct thing. This difference from the child's own family situation, which was actually a very good one, though more human than the book family, in that all was not sweetness and light, led to the child's belief that the teacher was saying that she and her family were bad. She needed to stay away from school, where loyalty to her own family was being threatened. The shift from established early values in behavior and relationship must necessarily be a slower process for some children than for others.

The older the child becomes, the greater is the importance of the peer group to that child. This importance greatly influences the growth processes, as well as day by day behavior. The child's adequacy as a person gets tested and is conditioned by his relationships with other children. From this mutual contact with his own age group, he develops self-awareness that can lead either to self-confidence or to a feeling of personal failure. If he sees himself as a person equipped to get along, only then can he believe in himself. Inability to socialize leads to anxiety. All children learn that they will need to make certain personal modifications in order to get along with others who are different. For some the need for change may be too great or too threatening. The child knows that to change means going against certain ways of thinking, feeling, and doing what he has learned from the adults in his life and that are expected by them. To make this change means the possibility of a loss of love and respect from these adults. To fail to change can result in the loss of acceptance by the peer group. In school the child is laboring under the difficulty of this personal adjustment.

Unless this feeling of difference gets resolved to the satisfaction of the child himself, then he begets fears of being rejected. He will feel inadequate, weak, and stigmatized. Here again he can react by withdrawal or can become diffident or aggressive. The withdrawal can be just within himself or away from school. The aggressiveness can get expressed in school or by leaving the school and making his attack outside.

The sexual content in peer conversation and activity is one of the major threats to a child's ability to socialize. Children raised in families where there have been strict prohibitions placed on any expressions of obvious sexuality, have an especially bad time in school where sex talk and activity are inevitably experienced. Such children are made uncomfortable as their own desires to express sexuality are activated and their self-prohibitions are tested. For some, this marks the school as being a bad or evil place and those who make you stay in such a place must them-

selves be necessarily evil. The answer for the child then, is the choice of remaining and continuing to be exposed to this bad, on the chance of eventually participating, or escaping the whole problem by staying away from school and remaining apart from one's contemporaries. Early adolescents especially can feel discomfort caused by the obscene language and sex talk of their peers. At this stage the youngster is struggling to master his own sexuality and feels pushed by this external stimuli. Words and language can take on disproportionate importance to certain children and their significance may be unusual for the child whose repressed sexuality gets activated.

Associated with the sexual fear is one that some children have that others in their group are out to injure them physically or even to destroy them. This is more common in younger children, but also present among adolescents. Certain kinds of horse-play indulged in during playground period, takes on this significance.

One thirteen-year-old boy recently avoided school for a period of weeks because the other kids had him frightened by a trick of sneaking up behind him and putting a broomstick between his legs and then hoisting it, hurting his genitals and causing him to fall. In treatment, it became evident that his actual fears were sexual ones and that he regarded his companions' trick as being one to castrate him. In his mind, the act was such an evil one that he had not been able to talk about it to any responsible adult. He was afraid to retaliate for he thought his only method of doing so would be to destroy the genitals of the other boys, and this desire made him regard himself as being just as bad as the others. He had come to feel that the school approved of this practice, since they did little to control it. Actually the real fear he felt for his contemporaries and for the school was only a reinforcing one. The dominating fear was of himself and his own sexual doubts about himself.

Children from minority groups who develop a fear of others may have a very real basis for this, since they are rejected and unwanted by many. Such reality based anxiety gets incorporated in the general psychic organization of the child, thus seriously affecting his total personality. Common symptoms are: expressed feelings of inferiority, inadequacy, and unacceptability. These children can develop a very poor self-image and this makes school adjustment extremely difficult. For many, the only relief from torment and tension is to remain away from school.

Among the racial minorities, the parental attitudes about school can be especially influenced by their own early educational experiences or lack

of these. Certain of these parents remain indifferent to the importance we place on school attendance, because formal education may have been unimportant in their previous cultural environment. Some others seem to exaggerate the value of school, seeing their own lack of education as being the stumbling block in their own struggle for existence. They attempt to compensate for this lack by over-stressing education for their children. Such indifference or extreme eagerness in relation to the child's learning can negatively effect the child's own feeling about school. He either lacks the support of his parents or feels overly pushed by them into an experience that causes him to become noticeably different from those he loves, and therefore, uncomfortable in his social situation. While parents of such children may well be proud over affording them an educational opportunity, they can also be threatened by the chasm in knowledge and interest that it creates between them. The American value placed on compulsory education may not be entirely acceptable to all who are legally Americans, due in part to their nearness to some past cultural influences and their present difficulty in accepting new attitudes.

These mentioned kinds of personal involvements are only a small part of the many possible complexities that play in the lives of our children, who we say *must* attend school. These are examples of the kinds of situations that can create either an acute or a chronic school dread, one that presents an extremely delicate problem in handling if the results are to be constructive for the child.

It is not only the truant youngster who is reacting against the forces that compel him to attend school. Many children continue to remain in school and suffer out their fate. Their endurance of their distress is a distinct handicap to their ever being educated, though they are present in a setting where education is possible. Such children need help with their state of mental wretchedness, just as does the voluntary absentee.

In a society where one's personal work is so much determined by his going or not going to school and it is the accepted pattern in his cultural milieu that he go, we need to recognize that it is this social force that essentially puts the "compulsory" in school attendance. The written law is only symptomatic of this. This is evidenced by the large percentage of children who now attend school beyond the point of legal compulsion. The focus of sound guidance and attendance work is essentially around the individual needs of children, helping them toward some resolution of their personal conflicts. The mere enforcement of the law itself is no resolution of the problem.

WHERE WE WENT WRONG IN MENTAL HYGIENE¹

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I don't know why I picked such a pessimistic topic for a talk about a field of work in which I have spent at least half of my life, a field in which I really do have faith and hope. Perhaps it was that a broken leg this summer gave me, for the first time in many moons, a little time to think. Perhaps it was the contact with some of my more critical and doubting students who have disagreed with me, and asked disconcerting questions about my pet theories. Perhaps it was the family of six little girls who moved in next door to me, and walked into my house and my heart, in spite of their occasional squalls and quarrels and general commotion which bright and healthy children can create. They taught me much, all of them, from the eleven-year-old to the baby. Perhaps it was my casual acquaintance this last year with two mothers, both of whom had attended all the lectures and courses on child study and who sent their children to the "best progressive schools". Or maybe all of it together. Whatever it was, I have done a "stop, look, and listen" process about my life's work.

I would like to start with some of the incidents that set me wondering. Some time ago, I spent a social evening with a group consisting of a few adults and a six-year-old girl. The child was a courteous, pleasant, well-behaved youngster who nevertheless impressed me as being a little "keyed-up". As the evening wore on, I began to guess a possible reason. Several times the child asked her mother, "May I do this, or have that?" Each time the mother adopted what I came to term a "progressive education voice". (My definition of such a voice is one that drips honey—to show the happy relationships with the child—with a, "Behold me doing exactly the right thing" attitude which is supposed to get across to all those listening.) "Darling," she would say, "You know that"—a list of pros followed—and "You know that"—a list of cons. "Now I want you to decide for yourself."

On the way home, the child picked up a match cover from the street.

¹ Presented at Connecticut State Teachers Convention, sponsored by Connecticut Association of School Social Workers, State Board of Education, Connecticut State Teachers Association, October, 1952.

"Mother," she asked, "may I have this?" "Now darling," replied mother, "you know that it is dirty and probably full of germs. You think it over and decide for yourself." Silence descended while mother waited and the child clutched the match cover. Father finally reached for it. "Let me keep it for you until we get home," he said. The child smiled and relaxed. The mother turned to me—the representative of the "new" education. "I was afraid of that," she said. "He just doesn't realize the importance of her deciding things for herself."

The little incident lingered with me. "Certainly we want to help children make decisions themselves," I thought, "but whoever recommended that we use this laudable goal to worry the lives out of children without consideration for their stage of maturity or general experience?" I had a firm conviction that with a six-year-old, mother should have said, "Yes, you may keep it," or, "No, it's dirty, throw it away." Then she could have gone on to something else. She wasn't helping her child to make decisions. She was constantly putting her little girl in a state of trying to guess what her mother wanted, guessing wrong half the time, with increasing bewilderment and fear. And I was left wondering, "Where have we gone wrong?"

Sometime ago I became fairly well acquainted with a family of two children, a girl of twelve, a little boy not yet two. The father was a very busy man, the mother active in community affairs. A large share of the care of the baby fell upon the older child. I was impressed generally with the decreasing amount of time for fun, or companionship of the children with the parents. One day the mother was talking to me about children in general. "Responsibility and sharing in the family is good for the older children," she said. I thought, "Yes, of course, but there always is a danger that it can be overdone." The next remark rocked me back on my heels. "It isn't the time you spend with children," she said, "it's the quality of the relationship." How many times have I used those very words in my classes, and in parent-child study groups. I made a solemn vow never to say it again. Of course, the quality of a relationship is most important, but whoever advocated achieving quality without at least a minimum of time. One doesn't come without the other. And I thought again, "Where have we gone wrong?"

I was using in one of my classes an experience of a little boy of a friend of mine. The experience was an illustration of a general theme that emotional responses are a part of the learning process and that it is often difficult for busy teachers to catch them and to understand them as a cause of behavior. Jerry was deep in the mysteries of short division.

One afternoon he was kept after school because he had thrown down his pencil, made some uncomplimentary remarks about the problems, and refused to do any more. Such behavior was unusual enough to cause both teacher and parents to wonder, "whatever has gotten into him?" The mother, a sensitive and intelligent person, got a clue when she was helping him that night with the next day's work. Jerry was having his first experience with numbers that, as he said, "didn't come out even". He was dividing ten by three. He had added zeros and divided again by three. He had filled his paper with threes, always to find a one left over. He kept saying, "I'll do it just once more, maybe it will come out this time." His mother tried to explain the nature of ten divided by three. It didn't help. He threw his tablets against the door, and burst forth with what he thought about problems that never ended. His father, telling me about the incident, said, "Poor Jerry, he had his first experience with infinity, and he didn't like it."

The concept of infinity! A procession of threes filling the paper, the dining room table, the room itself, going off into the blue sky yonder as far as one could see, getting smaller and smaller, and beyond even that, going on and on forever! How many of us have felt little, and helpless, and somewhat scared, in the presence of infinity?

My students seemed interested in the illustration. One paid tribute to her high school algebra teacher who understood such possible difficulties, and handled her explanation so well. Then one student asked, a little belligerently, "Well, I suppose you would excuse children from doing anything that disturbs them." I said, "Who recommended anything like that?" And he answered, "That is what mental hygiene seems to teach." I tried to keep from gasping, went on to explain that we don't excuse children from responsibilities, but that it is good sense to try to understand and to help them when there are difficulties. I don't believe the explanation helped.

As if that were not enough for one day, in an extension class later, one member brought up the problem of differing achievement of children from underprivileged areas compared with those from a more favored environment. I mentioned a youngster to whom that very problem had occurred when he transferred from one big city school where he had succeeded very well to another in which he was, in the same grade, experiencing failure. Another member spoke up, "What would you do? Give him a B to make him happy? And once again I tried to answer by saying, "No, I wouldn't give him a B to make him happy. That wouldn't solve any of his problems. I would however try to understand, to explain

to the boy what had happened to him, and to help him." In this particular situation the discrepancy between the two standards of fourth grade achievement was so great that the boy, with parental approval, was dropped back half a grade where he found he could do the work.

After class I went back to my office, again saying to myself, "Where have we gone wrong?" Mental hygiene *does* recommend easing the burden for children obviously carrying too heavy a load. There is nothing new about this. A great Teacher, some 2,000 years ago, not only advocated but preached "tempering the wind to the shorn lamb". But from whence has come this idea that "mental hygiene" runs ahead of every child to smooth his path and remove all difficulties?

A co-worker of mine gave a little talk to a small group of girl scout camp counselors. Afterward came the usual, "what do you do when" questions. One young woman asked in all seriousness, "What would you do with a child who puts a pole in the counselor's bed?" expecting apparently a specific answer. My colleague asked, "What would you do?" I answered, "Seems to me I would look in my bed before I got into it, and remove poles and any other extraneous matter. And if a certain child persisted, I'd get her and tell her to stop." I added that, "If she were a normal youngster, she'd very likely stop. If she were a "problem" she'd probably be doing a lot of other things even more unusual than this, and I'd try to study her whole situation and try to figure her out, but with a child as the starting point, not a pole in a bed." He answered, "That's what I told her, but it didn't make much of a hit."

Where have we given people the idea that there is an exact answer as to how to handle every specific bit of annoying behavior? And not only that. Where has the conviction come from that all behavior that disturbs adults is "problem" behavior. How did we foster this strange misconception?

With all these incidents as a kind of background, I met my new crop of senior students with a little more alertness than usual, a new interest in the kind of things they offered—questions and problems—those first few days of the course. I found what I really hoped I wouldn't find. It was all there.

1. This undue concern about any disturbing behavior, with very little real awareness of any distinction between the annoying behavior of normal children—who will respond to almost any kind of sensible handling—; and the small proportion of seriously disturbed youngsters who don't respond very well to any of the run-of-the-mill efforts to discipline or to help them. In other words,

a tendency to take all they know about the "abnormal" and apply it wholesale to all children.

2. A firm belief that there is somewhere a book or a person who can tell them exactly what to do, with resulting annoyance, or at least surprise, when they don't receive exact advice. As one of my students asked, "What good is all this stuff if it can't tell you what to do?"
3. This paralyzing fear that if they don't do exactly the right thing in all instances, they will be responsible for all kinds of conflicts and maladjustments. A few of the most conscientious ones reminded me of the centipede

"Who was happy quite
Until someone in fun
Said, 'Pray, which leg comes after which'
And he lay helpless in the ditch
Considering how to run."

4. A firm conviction that no child will achieve adjustment if he is not surrounded by all the conditions mentioned in all the books dealing with "emotional needs"—a harmonious home, ever loving parents, teachers that never punish but always skillfully motivate, happy companions, and continuous success in practically everything he does.
5. An emphasis on what the teacher *does*, not enough emphasis on what she *is*, in relationship with children. Where this comes from I am not sure. Perhaps from our courses in child development, educational psychology, tests and measurements, the "role of the teacher in guidance", the individual studies with their data about children, their emphasis on analysis and treatment. Perhaps re-inforced from radio, television, popular magazines. Whatever its source, there seems to be a rather definite idea that children are rather passive little articles who are molded one way or another in terms of rather specific experiences, for which the teacher had a major responsibility. This idea far outweighed any conception that children are able to reach out for experiences, able to find for themselves resources for growth and development, active and resourceful in making their own interpretations and adjustments to their needs as they see them. They need constant guidance, of course, adults watching and ready to give interpretation and support. But the children do the growing.

In the summary of the five points, I have exaggerated a bit for the sake of this presentation. All our students didn't fall into these patterns, and the percentage of such concepts was not as general as it appears. However, there was enough of it to send me back to my desk to review my whole course, and to find ways of achieving some different emphasis in the basic philosophy of childhood, and the functions and relationships of the teacher. In other words to try to figure out just where "we went wrong."

One such point goes back quite some time in the history of interest in children and in education. At the turn of the century two great men

appeared, John Dewey, reacting against the traditional pattern of education in the United States, and developing his school in Chicago; Sigmund Freud—half a world away—trying to figure out, as a young medical student, the people who were “sick” and yet “not sick”—patients in his clinics with all kinds of physical ailments, and yet no explainable physical basis for any of them. These two men worked, quite independently, each concerned with a different field, each at first unaware of the other. About 1910, John Dewey was contacting firms for school equipment, looking for furniture for an “activity” school, and finding only (as one young salesman is alleged to have said), “The only furniture we have is made for listening.” Also about 1910, Harvard University brought Sigmund Freud from Vienna to give his first series of lectures on psychoanalysis.

The contribution of each might have remained in separate channels had not both caught the popular interest of the people at the same time. The interpreters of Dewey and Freud got rather seriously out of hand.

The result was unfortunate. Two dramatic concepts, one from each contributor, overflowed the banks of the main stream, met and merged in a new channel of their own. One was Dewey’s concept of “freedom”. Freedom, linked with some awareness of how much and what kind for various stages of maturity in youngsters, is a challenging and significant concept, as is freedom linked with a full awareness that a full life cannot be lived out selfishly or self-centered, but must expand through relationships with others. Dewey’s concept of freedom is beautifully expressed in his “Human Nature and Conduct” which, I fear, few of his alleged followers have read or understood. But “freedom” got loose from such associated concepts and formed a dark channel of its own. Similarly, out of Freud’s explanation of the neurotic pattern, another idea broke away from the whole—the concept of “repression”. The followers of Freud, many of them, failed to understand that he was talking about a special kind of process. He was not referring to the need, or to the normal ability, of the usual person to control feelings or emotions—such control an essential part not only of getting along with others, but also an equally essential part of one’s own maturing and adjusting. But the distinction between the idea of repression as a “neurotic pattern”, and suppression as an essential for normal growth missed fire in the minds of many interpreters.

Out of this merging came a strange, muddy, muddled stream, “freedom is wonderful,” “any kind of repression is dangerous.” Too many

persons came to drink from the strange hybrid overflow and missed the two ongoing channels. I hold my own conviction that many sensible parents would have been sufficiently disturbed by the spectacle of undisciplined children, had it not been for their fear that restraint would cause all kinds of "complexes" later, and that others would have risked the "complexes" had it not been for the re-inforcement they received from a great educator who, supposedly, held that freedom was a must for children.

I do not know whether or not Freud himself was ever fully aware of what happened. The literature of the past twenty years reveals various attempts from his students to warn us of this serious misconception. John Dewey himself, the latter years of his life, made various attempts to explain that "he never meant his progressive education to turn out undisciplined, self-centered children." Unfortunately his attempts to clarify were as difficult for the average reader to understand as were his statements of his general philosophy, and much of it misfired.

Teachers and parents today are reaping the dubious benefits of something which, in my opinion, never should have happened. The unfortunate merging of two misconceptions has left us with much to clarify in the contributions of two great men. I don't know how long it will take to do it. However, we need to tackle the job, and in our relationships with young parents and young students, to help lead them back to the main channels, to clarify these issues for ourselves, and to help those parents and teachers also to understand. The idea of "This is my life, I will live it as I wish regardless of others," and, "It will do harm to my psyche to suppress any emotion," are ideas that, as I see it, were never recommended at any time by either Dewey or Freud.

Another place where we got off the path, it seems to me, rests with our unwarranted faith in each new development toward the understanding of human behavior. I remember, my own student work in child guidance clinics, my touching belief that such clinics held the answer to the solution of all the emotional ills of the world. Since then I have shared enthusiasm of co-workers for a variety of new techniques, in testing, guidance, methods of study and of treatment, all of which contributed to our general growing body of knowledge, but none of which was the answer. I remember the brash claims made by supporters of one new development or another. I might also add the controversies between adherents of one or the other, which slowed the general progress and resulted in confusion and bewilderment for workers and children

alike. We know so much about development and behavior. There is also so much that we do not know. My favorite illustration of our helplessness, without recourse to very complicated and expensive procedures not usually applied to normal youngsters, in trying to understand even some of the more common responses of children is drawn from a little three-year-old friend of mine.

Her father had as a hobby, photography, and often worked in a tiny dark room he had fitted up in the corner of the basement. Susan was often with him, usually, because the space was so small, waiting outside while he developed his pictures. He noticed, as he came out one day, that the little girl was disturbed, almost in tears. Questions brought no response as to what was the matter. He puttered around for awhile, talking to her about usual things. After awhile she came over to him, "Daddy, could a king bury a cage?" "What do you mean, Susan?" "I mean, could a king bury a cage?" "Why I really don't know, Susan," he said. There was a silence for awhile. "There's gizzards in there," said Susan. Questions about the gizzards elicited no further information, but after a little more reassurance about kings, cages, and gizzards, the child calmed down.

My friend was telling me about the incident, still puzzled and wishing (how many times have we similarly wished) that he could find out what was going on in the child's mind. One of his friends had wondered whether she meant "buzzards" instead of "gizzards". I said, "I haven't the foggiest idea. Any explanation I or you would make would be guesses on the basis of our adult experience, and such guesses very likely would be wrong."

I asked my friend sometime after the incident about Susan and her gizzards. Had he ever found out what they were? He said he hadn't. However, he had made a point of discussing with her and the older children what gizzards and buzzards were, and kings and cages whenever it seemed sensible to bring them in. "I guess," he added, "whatever it was is more or less settled. Anyway, she isn't afraid of the dark room any more, or of its danger to me."

Out of our voluminous libraries of material about children, out of our expanding list of procedures and techniques, tests, ways of interviewing, play therapy—all the things we talk about—is there anything that will unlock with certainty the mystery of kings, cages and gizzards? What, after all, do we really know about the mind's process of symbolism which Suzzane Langer discusses so ably in her "Philosophy in a

New Key". What suggestions can we give to a father of a very normal little girl who wants to know in order to help his child overcome what seems to be a fear that is important to her? I, for one, stand very humbly in the face of all that we do not know. I only hope that I can give my students something of this humble attitude without running too great a risk of their annoyance and irritation at receiving so little help, or intimating, as a few have, of my not knowing much about my field.

All this leads to the third way where we ran off the track, this emphasis on the scientific approach to the study of human behavior. It has tended to turn the spotlight on the techniques, the procedures, the ways of doing things, the application of findings to analysis of causes and plans of treatment. It had tended, as indicated earlier in the paper, to emphasize what we do more than what we are. As persons we often influence without knowing how or where, we reassure or accept or restrain, often without ever knowing the full effect on children.

Again an illustration set me thinking about the significance of what teachers are in the lives of children. Two years ago a friend of mine called me about her youngster, then in the first grade. She had entered kindergarten at the age of four and a half, one of the youngest. She developed an upset stomach, and for awhile vomited almost every day in class. The teacher, aided by the school psychologist, had contacted the parents, tested the child, made something of a study of the child's situation, and had, apparently, decided that she was "trying to escape from the responsibilities of kindergarten", that she was immature, a little spoiled, and very dependent. The suggestions to the mother were along the lines of babying her less, demanding from her more responsibility, and generally establishing stricter discipline. There had been some improvement in the kindergarten but now, in first grade, the problem had appeared again, worse than ever. The family physician had assured the parents that the child was in good health. I listened to the story of the "discipline" which was being meted out at home, a generally pretty drastic reversal of the pre-school handling of the child. As to the mother's question, "What is wrong," my answer was that I did not know in terms of anything very specific. My guess, however, was that the child was under some kind of general strain, possibly because she was one of the youngest, finding it hard to keep up with the others, that she was caught between standards held for her by school and now by the home, and her own inability to meet them. I felt that this was a more sensible guess than the more specific one of "just trying to get out of school and back to the security of home". Likewise treatment lay more in general home atmosphere and

attitudes than in definite punishments meted out after each incident of vomiting.

I suggested that she really pay little attention to the vomiting, handle each incident by keeping the child quiet and generally reassured. If she felt she had had her own way too much, see to it that the situation was gradually changed, and give her—not after vomiting but at other times—some experiences with “nos” when the situation really warranted it. But help her in her play contacts with other children, give her time and companionship. I urged her to avoid, if she could, any feeling on the part of the child that her mother and the school were lined up against her.

The situation went on, sometimes worse, sometimes better, with the school record generally showing some improvement. The vomiting continued, however, through the first and second grades. She went on to the third grade teacher, a kindly person who really enjoyed working with children, got a “kick” out of her relationships with all of them—all kinds and varieties—a teacher who was gifted with a sense of humor, ingenuity to adapt programs to individual abilities, and still able to give each child a feeling of real achievement, one with whom children felt comfortable and to whom they talked freely. Interestingly enough, there was no trouble in this grade.

Only recently I received a telephone call from a very happy mother. Achievement tests had been given to the third and fourth grade classes. Our little friend, in one short year, had made a gain of almost four years in reading, two in arithmetic, three in language. How explain it? One member of the school staff explained as follows: “It just goes to prove my contention that time and maturation do solve many such problems.” I said to the teacher, “In this game, you just can’t win, can you?” She laughed. She and I and the mother have another answer—namely that this little girl found a place where she was comfortable, accepted, respected, by a teacher who was not worried as to when and where and how vomiting might occur, and where, for the first time in her school career, the “emotional obstacles to learning” were no longer operating. I wish we could somehow make rubber stamps of such teachers and send a few thousand over the land.

I am thinking, as this talk comes to a close, of a person who had such a great influence in my own life—my Quaker grandmother. I wasn’t with her much—a good example that it isn’t only time we spend with people but the quality of the relationships which we establish. Yet

it seems to me I realize with each advancing year, how much she contributed to the foundation of general security of my own childhood. I remember the warmth of her greeting as I stepped into the big old-fashioned kitchen of the farm. Sometimes she didn't say anything, just smiled. Sometimes she just said, "Here's my girl." But talk or no, I always stepped into a warm circle of love, respect, stability.

She never talked very much. I think of her often, through these years when it seems to me we stress talk so much, talking to children, getting them to talk, failing to realize that talk is only one of many means of communication between persons. But I always felt she understood me and my problems. There was no indecision as to right and wrong in grandmother. Right was right and wrong was wrong—she had no doubts. She had high standards of achievement, behavior, relationships with others. Yet she was always ready to see and accept the difficulties of people who didn't achieve them.

I don't believe I ever discussed my feelings or difficulties with her much. Yet in her presence they never seemed as important as I had believed them to be. If I were "wrestling with the devil", I always left him at the door. He never crossed grandmother's threshold, he knew when he was licked. Her calm serenity, faith, stability, her capacity to see value and goodness in everyone, no matter how different, are all still with me.

How can we re-create this for our children, we parents, teachers, guidance personnel, social workers, all of us. How can we reduce some of this uncertainty and fear, to revive faith in the capacity of children to meet their problems and help them feel our confidence in them? The most precious concept in all this work with children is self-respect, a feeling of being worth something to the world in which we live, of being a small part in an on-going process, a hope that we can contribute to the future. Our by-ways haven't always led to this goal. Perhaps this little analysis of "Where we went wrong" will have some value. I hope so.

SCHOOL PHOBIAS¹

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During the past year at the Pittsburgh Child Guidance Center, special study has been given to the problem of school phobias. While this problem has always been a very prevalent one in clinics, there is not much in the literature about it. It has been the impression of this Clinic, and of the Pittsburgh Board of Public Education, that this problem seems to have been increasing in recent years. From September, 1951, to September, 1952, 15 children were referred with complaints of school phobia; these children constituted 11 per cent of 132 new cases accepted for treatment during this period. This by no means shows the total situation, because at least four children in treatment for other symptoms were potential school phobias which would have developed had the family not been in treatment. In addition, every September numerous calls come from anxious mothers about children who are developing anxiety over attending school. In some of these instances, through quick intervention by way of the mother and through contacts with the school, we are sometimes able to forestall the development of the actual phobia.

A school phobia is basically not a fear of school, but a fear of leaving home—primarily a problem of separation from the mother. It differs from truancy in that the child has terror about being in school. He may flee school in a panic, but, unlike the truant, he dashes straight home to the mother. The fear of the school phobic child is often puzzling to teachers and principals—for this child can often be in a most understanding school situation, and nobody can quite figure out what it is that he fears about it.

There is one factor which seems typical of all school phobic children—and that is the fact that they have remained rather dependent on the mother who herself is usually an anxious, oversolicitous person. Sometimes the problem of school phobia may be evident in the first days of school attendance when the child and mother first have the problem of separation from each other. Sometimes the symptoms of school phobia may not develop until a much later period.

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There seem to be several conditions necessary to provoke the outbreak of the school phobia. Usually, something happens in the child's life which stirs up his anxieties about being in school and pushes him in the direction of staying at home—such as a prolonged illness or operation, a death in the family, a birth of a sister or brother, a poor report card. Simultaneously, something seems to be present in the life of the mother which provokes an outbreak of her anxieties—such as financial or marital crises, poor health, etc., and she may be in a state in which she has a need for the child to be more dependent on her. Typically, the mother of the school phobic child becomes anxious instead of reassuring when the child's problem develops, inadvertently encouraging the child's fears, and they cling to each other in a kind of panic.

*Example: *George, 8.* As one mother expressed it after a period of treatment: "I was dreadfully unhappy and frightened. I felt nobody cared about me. I needed to feel that I was needed. When George became ill, I hovered over him and gave him lots of attention—it made me feel good to see how he turned to me. I see now—I really didn't want him to go back to school. I postponed it as long as I could—and when he started running home—too quickly I let him stay."

The reason which the child gives for not wanting to go to school is usually vague and superficial, and secondary to the basic fear. Sometimes the child's complaint is that he fears the teacher who is mean, or he feels the teacher doesn't like him. However in therapy we discover it is not really the teacher whom the child fears, but the person the teacher represents—most often the mother. He may place with the teacher fears and anger about the mother which he cannot admit to himself or express. A simple happening in the ordinary course of classroom routine or discipline may stir up the child's feelings; he may become fearful and worried about his feelings and run home to the mother as though to assure himself that she still loves him and to protect his interests with her. The situation which stirred up these overpowering feelings and anxieties within the child—namely the school—becomes the situation to be avoided.

Example: Marcia, now 10, is a typical example. She is a bright, attractive youngster who had a history of mild allergy, finicky eating, intense jealousy of a younger sister, and some trouble in keeping friends. Nevertheless, this child had made an excellent adjustment to school until last year, when following a mild virus infection she became fearful about returning to school.

The family had been in a state of financial crisis and poor health all year, with much anxious discussion about money matters and health symptoms before the children. During her illness Marcia became greatly concerned about her

* All examples quoted in this study are disguised beyond recognition.

health, feeling that she was going to develop diphtheria and the mother shared this anxiety in spite of reassurances of the physician. On the doctor's recommendation the mother did send her back to school, but felt very concerned not being sure but what the child was too weak and she had sent her back too soon. There were continued complaints from the child, much calling of doctors and anxious speculations before her which only increased her fears that something was wrong with her.

When the child began to complain of feeling too weak to walk to school alone, the mother began to accompany her, lingering at her classroom door hesitantly with such questions as, "You're sure you'll be all right, dear?" Or, "Don't worry, the teacher will be patient; she won't be mean." The next complaint Marcia had, of course, was that the teacher was being mean. She now became so upset she feared she was going to vomit in school.

After a period of this she began running home from school, and the mother would allow her to stay home the rest of the day. After trying everything he could think of to help the child stay in school, the long-suffering and exhausted principal finally concluded that perhaps the child was in a weakened condition and needed rest so he sent her home for the rest of the semester. Further and rather exhaustive physical examinations at this time showed the child to be in good condition physically.

At that point, all concerned thought that staying home might help the child. But characteristically, Marcia became increasingly afraid of being separated from her mother—and this now began to include refusal to go to Sunday School, withdrawal from Girl Scouts, and refusal to play with other children. During this period the mother was being too indulgent and solicitous, but usually the time comes when the child's demands become so great that the mother can no longer meet them. When Marcia's fears extended to the point of refusing to allow her mother out of the house even to go to the grocery store—the mother became angry and went to the other extreme of being too harsh and too rejecting. Now the vicious cycle set in. To her mother's anger, Marcia reacted with increased demands and fears. She began having screaming tantrums in which she knocked the furniture about if her mother left, or began throwing things if she were in any way thwarted. This frightened the mother, who again began to pacify the child and accede to all her demands. When school time approached Marcia was threatening to stop eating if her parents required her to go to school. She now demanded that her sister be required to stay home from school and her father should stay home from work. This description is so typical of a child who has school phobia that any parent so troubled might identify the situation as his own.

It was at this point that the parents were referred to our clinic for help. The child and parents were seen immediately, physicians contacted. As soon as we established the fact that the child, in spite of emotional problems, could and should be back in school—our first step in treatment was to help the parents and the school work this out. It was a very strenuous period for all concerned, but at this time the child is back in school on a full-time basis, while the parents and the child are in regular treatment at our clinic. Continued work with the child and her parents will make it possible for us to help this child with the character struc-

ture which led her to react in this way, and to help the parents with the faulty attitudes which contributed to the formation of this character structure.

As mentioned earlier, the development of a school phobia can sometimes be forestalled through quick, on-the-spot intervention before things have gone too far. No doubt, a good many of these situations are worked out through the schools themselves, sometimes through the help of school clinics or through school social workers. At times, our clinic has this opportunity and an example of this is Connie, age six.

Example: Connie, 6. This fall I had a telephone call from a mother with whom I had worked several years ago about the problems of her daughter, Helen. The mother reported that Helen was fine, but she was concerned about the younger child, Connie, who entered first grade several days ago, and who had decided that she doesn't want to go because "they" only teach her things like how to spell "cat and dog" which she already knows. She is complaining of physical symptoms, such as vague stomach pains, and always a finicky eater, her eating seems dropping off even more. I learned that Connie had a very strenuous time of it physically last year when she became ill with a series of severe infections. The doctor advised removal from kindergarten, and for months the child remained in bed, and was having daily injections of various sorts all of which wound up in tonsillectomy in the spring. Following this she seemed back to normal physically. However, the mother now seemed exaggeratedly anxious about her, wondered if she should rush with her to a physician, or take her out of school. I tried to allay the mother's anxiety, advised her to keep the child in school, and to delay the physical examination until the child was thoroughly settled in school. The mother felt very relieved and decided to follow this course. Several days later she called to report that Connie had started going to school without protest, and all of the physical complaints aside from the normally finicky eating had dropped off. The mother has kept in touch with us, and at this time, with our help, Connie is being referred to a pediatrician to rule out physical factors in her finicky eating problem. If no physical factors are present, she will be placed on our waiting list for treatment of emotional factors in the poor eating.

The group of 15 school phobic children accepted for treatment by us during the past year, is a rather small group from which to draw any conclusions—but there were certain interesting things about them which may warrant further study in larger groups of such cases.

For instance, in this group, there was quite a large proportion of girls to boys, i. e., 10 girls to 5 boys. In addition the four cases in treatment which we regarded as potential school phobias were all girls. This is especially interesting since traditionally more boys than girls are referred to child guidance clinics, and our clinic statistics for the past ten years show that 60 per cent of our referrals are boys and 40 per cent girls. So it does lead us to wonder whether this problem occurs more frequently in girls than boys, or whether the problem is increasing among girls.

Another interesting trend in this group of 15 cases was the fact that six children were "only" children; and five cases involved the older in a family of two children. This was also true in the four potential phobias—one was an only child, and three were the older of two children. This would fit with our belief that the school phobia problem is a problem of separation from the mother. It might tend to occur more frequently with only children, who typically have a more dependent relationship on the mother. Also, a child who tends to be more dependent on the mother finds it harder to accept the birth of a new child, particularly if the older child has been an only child for a period of years.

In our group, there were two striking examples of school phobias starting in two children when they were entered in kindergarten shortly after the birth of a new baby. In both instances these little girls had been only children up to the age of four and very dependent on their mothers. In both instances, the mothers found it hard to spread their attention over two children—in one case the new infant had been quite ill and took most of the mother's time. Both children reacted with intense jealousy to the new baby. Both showed concern over the question, "What is going on with the new baby while I am in school?" Typically, when brought to school, they began to act up, to cry; they refused to eat breakfast, had vomiting spells, and would not go to school unless accompanied by the mother. The symptoms of nausea, vomiting, or fear of vomiting which has been referred to as "morning sickness," is particularly prevalent in little girls who have school phobias—the striking thing about it being that it never occurs on Saturdays or Sundays. This does not mean that it is consciously contrived by the child—the child really feels nauseated, and is convinced he is sick. He just feels so much better on week-ends.

The age range of the children at the time of referral was from four to fourteen. Two were referred at pre-school age—one with a nursery school phobia, one a kindergarten phobia. Eight children were in the age range from six to twelve; five children were adolescents. Symptoms of the school phobia had existed from two weeks to as much as three years before children were referred.

All of the children in our group were of good ability—ranging from average to very superior, most of them being in the superior range. None of them had real educational disabilities, and only two were having trouble with school work. There was nothing significant about the socioeconomic situation; they came from all groups.

Most of the children had evidence of very early difficulties. All had histories of an inconsistent or inadequate mothering experience. Many showed early feeding difficulties. Some had intense early fears, jealousy of a sister or brother, nightmares, tantrums—all of which had preceded the development of the school difficulty. Several, in addition to the school problem, were troubled with psychosomatic illness such as asthma, allergy. Seven of the children had shown symptoms of school phobia at the time of their first entrance into school, though most had not been referred until a later age.

Group I. Five children in the group of 15 were referred before the school phobia had become full blown—that is, mothers were still taking their children to school; parent and child had not completely settled down to a stage of dependency on each other; and in all of these instances the mothers were asking for help beyond the school problem. All of these children were taken into intensive treatment, the school phobia symptom dropped off after a period, and all show signs of improvement.

Example: Charlie, age 4, typical of this group—was referred two weeks after he entered nursery school. This child did not want to go to nursery school or Sunday School without his mother. When she tried to leave him at the school he would go into hysterics and run after her. For two weeks she had been going to school, too, sitting beside him in the classroom. He always stayed quite near her, refusing to speak to the teacher, to participate in any activities, or to have anything to do with the other children. Every day and every change in the day's routine would add to his fearfulness.

Though only four, Charlie had problems of long standing. He was a shy, withdrawn youngster who had trouble adjusting to new things and who was upset if he didn't do everything perfectly. He had special fears in connection with his mother and seemed afraid of being aggressive and boy-like—which seems typical of all the boy school phobias. It was possible to help Charlie pretty quickly. After about six months of intensive treatment of Charlie and his parents, he was discharged as improved. Not only was he adjusting to school, but he was a much happier and more confident boy.

Example: Joan, age 6½, is another example of this group. This child had symptoms from the minute she entered kindergarten at four and a half, though her mother kept taking her to school. After several months or so she would settle down, but the symptoms would reappear at the beginning of each school year. The mother was also growing concerned about the fact that Joan, who was once an outgoing, assertive little girl who had been given to some tempers, was gradually becoming more withdrawn and tense. Because of her worry about this, when the school phobia returned on her entrance into second grade, the mother referred her.

In the remaining ten cases, children were not referred until the school phobias were full blown. The children had on the average been out of school for six months, though some had been out for as long as a year. One child had been out for three years. A good many of these mothers may not have sought help had it not been for the compulsory school attendance law.

Group II. In six of the full-blown school phobias, the parents made it pretty clear at the beginning that all they wanted help with was the school phobia problem. Four cases dropped out the minute the child was going back to school.

Example: Josephine, is typical of this group. Her school phobia had appeared when she entered kindergarten, though she was not referred until the age of eight when she had already been out of school for a year.

At the age of three Josephine had shown signs of needing help when she developed a weather phobia during her mother's pregnancy with her little sister. She was frightened by a storm during this period, and following this she became afraid of storms, clouds, God, war, the atom bomb. When it was time to go to kindergarten she was afraid to go to school, "because it is going to rain and I might get caught in it." She was very worried about her little sister at home. Her phobia became more and more acute, spread to Sunday School, parties, and finally at seven she was taken out of school altogether.

During the diagnostic study, part of the problem was worked out, so that Josephine now goes to school—although she carefully takes her umbrella with her. But this was all the help the mother wanted, and she withdrew from the service when this was achieved.

We know that this child has a particular character structure which is going untreated—which in the future will make her withdraw in a panic from certain situations which are compulsory.

She is a vulnerable child, though no more vulnerable than her mother, who also has fears, but managed to grow up, marry, and take care of a family. Getting back to school, especially when this child had for the period of a year withdrawn from all activities—is an important step and cannot be underrated. It permits her to learn, to make a social adjustment, to have experiences outside her family. But we know that under stress, she is apt to react with panic again.

Her mother is an overprotective person who found it hard to spread her affection between two children. Pregnancy is a difficult time for the mother who has marked fears about it. When Josephine developed a weather phobia at three, the mother did not consider it unusual, as she herself has fears. The father found Josephine's defiance about not attending school courageous, he himself being a soft-spoken man who would, deep down inside, like to be defiant, and he encourages the child in this. The parents back up the child's fears—driving her down back streets because she is afraid of the open road. These things encourage the

child to consider these attitudes right because they are reinforced by her parents' behavior and beliefs. But she can only consider them right so long as she is in her family. Part of our therapy in such situations is to try to help the parents change their standards, while we try to help the child change, too.

Group III. There were four full-blown school phobias that we are not hopeful about helping even to the extent of getting them back to school.

There are two withdrawn adolescents in this group, but there are also two younger children. One of the children has been out of school for a year, one for three years—but two had been out for only brief periods, one having been referred several months after she entered first grade, which was her first school experience.

What seemed to make us question a positive outcome in these cases—had more to do with the parents' attitudes toward school. School was not important enough, outside pressures were not strong enough to make it necessary for the parent to work on the problem. Three of the parents, like those of the child Ann, quoted below, were rather poor, uneducated people. But one mother was an extremely well-educated and affluent person, who did not find it necessary to work out her problem because she could have the child tutored privately—and this had been going on for the past two years.

Example: Pearl, age 6½, was referred after several months' absence from school following a reprimand from her teacher. Though the principal bent over backwards to make other arrangements and gave her a new teacher, the child soon refused to return to school altogether. She claimed both teachers were mean, she was afraid of school, and later she dropped out of Sunday School, too.

She comes from a closely knit family of recent immigrant background which lives in a small community. Parents are devoutly religious, with some grade school education—and they seemed a lot more concerned about her missing Sunday School than school. They are people who chiefly maintain contacts with their large group of relatives who have similar attitudes. They are both very mistrustful and suspicious of outside agencies such as the school and they are people who would probably find it very hard to be trustful of us (Child Guidance Center).

In summary, school phobia is a symptom of emotional difficulty which is connected with a strong dependency relationship between the mother and the child. It seems to be precipitated at a point where external happenings have produced an anxiety state in both mother and child who cling to each other and blame the school. Both of them need help.

From our study it seems indicated that much can be avoided if the mother and child can be referred to school facilities such as school clinics, school social workers, or other appropriate agencies before the school phobia becomes full blown; that it is advisable to defer releasing the child from school too readily; and that it is advisable for the school not to drop out of the picture completely.

The prognosis seems poorest in cases where the child's school attendance is for some reason of not sufficient importance to the parents, and where they feel little pressure from within themselves, the community, or the school to work on the dependency relationship which stands in the way of the child's return.

MEMBERSHIP

Membership in a professional organization is a strengthening factor for the individual practicing within that profession. This is as true for the school social worker as it has long been for members of other professions. National Association of School Social Workers has members in 38 states and in Hawaii, Puerto Rico and India.

All members receive the National Association of School Social Workers Bulletin and other materials such as Newsletter, book lists, conference programs, notices, and other publicity. Membership is determined by the training and experience of the applicant.

Applications for membership and a statement of membership requirements may be obtained from the Membership Chairman, Mrs. Helen Roell, Indianapolis Public Schools, 150 N. Meridian Street, Indianapolis, Indiana.

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